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April 29, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

Kae Robertson
Managing Director
Navigant Consulting, Inc. 

**SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING
APRIL 29, 2005**

This is to provide you with an activity report for the week ending April 29, 2005 for King/Drew Medical Center (KDMC). This report details activities conducted by the Director of Department of Health Services (DHS) and Navigant Consulting, Inc.

DHS DIRECTOR

- Met with Pediatrics Service. Board passage rate for residents has improved. Due to falling census in pediatrics, we are working with Navigant to finish their analysis of staffing vs. workload with a 3 month target of increasing specialty referrals or making staffing adjustments. The county-wide (national) shortage of pediatric surgeons has also made it difficult to provide surgery at KDMC or to refer patients elsewhere. The Acting Chairman of Pediatrics resigned Friday and the Chief Executive Officer and Chief Medical Officer at KDMC and Drew University are working together to identify new Acting Chair.
- Met with the Accreditation Council on Graduate Medical Education (ACGME) Consultant to Drew University. Assured him of our collaboration in being ready for ACGME Institutional review in December.
- Met with search firm to delineate desired characteristics and job challenges for Chief Executive Officer and Chief Operations Officer for KDMC.

- Convened and participated in a conference call to explore the concept of a single executive for the KDMC – Drew University campus. This concept was proposed by the Steering Committee on the Future of King/Drew, which was chaired by Cornelius Hopper, MD, and funded by The California Endowment. The participants on the call urged that the issue be discussed at the May 9 Hospital Advisory Board meeting and that a recommendation to pursue such a position be made to your Board as part of the May 10 report.

NAVIGANT CONSULTING, INC.

- ***Pressing Issues***

- Maintaining federal funding requires that we maintain standards set by the Centers for Medicare and Medicaid Services (CMS). The Plan of Correction for the CMS Statement of Deficiencies is on track for completion by May 5, 2005. The deficiencies were identified in a survey conducted by CMS in October 2004. Work began on correcting those deficiencies long before the report was delivered to the hospital on April 21. The plan of correction will address how those deficiencies will be fixed. There were no surprises in the deficiencies. Two of the deficiencies, Management of Assaultive Patients and Medical Staff Bylaws, have now been corrected. The rest are already being addressed as part of the KDMC Quality Turnaround Plan. Navigant expects to have a new CMS survey within 90 days after their receipt of the plan of correction and acknowledgement that it is addressing the deficiencies.
- Having enough physicians to quickly read and interpret x-rays is necessary to avoid overcrowding and slow processing of patients in the Emergency Department. As a result of recent press coverage, radiology physician coverage has been difficult to piece together. Many of the independent contractor physicians withdrew from the schedule fearing the publicity. Navigant has the schedule covered for the weekend except for one hour. There may also have a gap in coverage on Monday evening but Navigant hopes to resolve that by Monday. For the uncovered weekend shift, Navigant is trying to cover with nighthawk teleradiology. Any studies completed by the nighthawk radiologist are only providing a preliminary read so that the films have to be read again for a final report. This is a costly and slow approach but better than no coverage. Navigant has contacted UC San Diego to see whether they could provide teleradiology services in the near future. In addition, there are two physician contracts in process to alleviate potential issues. Finally, Navigant will work with the hospital administration and finance units to ensure that all timecards are carefully scrutinized before payment is made.
- There has been no resolution of the Pharmacy Security Camera issue based on the meeting held April 28 with the Department of Human Resources, pharmacy department management, and the union. The cameras remain turned off. These cameras are important to avoid drug diversion which the hospital has had a problem with in the past. It is critical to get them turned back on. HR will be providing notice to the union that the cameras need to be turned back on. Coming to resolution on this important issue requires collaboration between the union and the hospital.

- ***Progress Made in KDMC Quality Turnaround Plan***

- No new sentinel events for the month of April through April 26, 2005.
- No unexpected deaths for the month of April through April 26, 2005.
- KDMC Quality Turnaround Plan
 - Completed another Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) mock survey this week. These mock surveys are being conducted weekly to prepare the organization for a real survey the hospital anticipates having in December 2005. The results of the mock survey showed an improvement in documentation of nursing assessments. Nursing assessments were consistently missing or incomplete in prior surveys. The nursing assessment is important to show that nurses are completely evaluating the patients' needs upon admission and incorporating those into the plan of care.
- Physicians
 - Completed regulatory training for physician managers on April 29, 2005. Approximately 25 physicians attended and were instructed in their responsibilities for JCAHO accreditation. Navigant is preparing the organization for a JCAHO survey no later than December 2005. The surveyors will review physician documentation, collaboration with other disciplines, plan of care and interview them. This training prepares them to carry out their responsibilities in the survey. More importantly, it improves attending physician participation in and documentation of patient care and oversight of residents.
 - As mentioned previously, the physician on-call schedule was revised to make it clear who was on call. It is updated and distributed daily. This week Navigant began testing the accuracy of the schedule and the physician response. In all cases the physicians were available within the required 30 minutes if coming from home. There was only one inaccuracy and that was a home phone number. Based on that Navigant is compiling an updated list of all beeper and phone numbers. This had been a chronic issue and will continue to be audited over the next month.
- Nursing
 - Our initial recommendations identified the need to standardize what equipment and supplies are contained in the code blue carts in the clinics and replace the defibrillators. Since Code Blues are rare in the clinics, standardizing the equipment and making consistent the supplies contained in each cart will make it easier for the many staff who respond to codes to know where the supplies are. The defibrillators are being replaced with a simple device that is like those used in public settings such as airports and malls. This type of equipment is best for areas that frequently use defibrillators and need easy to use equipment. Both the carts and defibrillators were ordered this week.
 - Many of the patients at KDMC have diabetes that causes skin ulcers. KDMC has a County-employed wound care nurse who will start May 2. This individual's focus will be on training nurses in the best way to manage the skin care for these patients and will also develop the care plan for patients with severe skin care issues. This will reduce infections and reduce length of stay.

- There is an interview day for nurses for KDMC scheduled for May 11. This is for hiring permanent nursing staff to replace the agency staff. KDMC nurses will be involved to highlight the reasons they remain committed to the hospital.
- The first Obstetrics Joint Practice meeting was held to improve the working relationship between the nurses and doctors in this area. This group will meet regularly to agree on standards of care and patient protocols. Agreement on standards of care and protocols should lead to earlier recognition of patient care problems and what to do in those circumstances.
- Pharmacy
 - As was previously mentioned, not all pharmacists passed the national competency exam that was administered in February. One part on which there was a high failure rate was on antibiotics. Navigant began conducting antibiotic training on April 21, 2005. The retest for this portion of the competency exam will be given in May. None of these pharmacists will be responsible for antibiotic orders until they pass the exam so there are no issues with patient safety.
- ***Barriers Encountered in KDMC Quality Turnaround Plan***
 - Four cases, one nursing and three support staff, were referred for discipline to human resources.

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors